

## **RIOMET/FORTAMET/GLUMETZA PA SUMMARY**

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

- ❖ Riomet (oral solution) is approvable for members who are unable to swallow tablets or capsules containing metformin.
- ❖ Fortamet ER and Glumetza ER are approvable for members who have tried and failed metformin ER in the last 180 days.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).